

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33143**

FILED NOV 10 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4558**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 50 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Hyde Park Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 401 E. 36th St.		(If rural, give location) 35180	

3. NAME OF DECEASED a. (First) Nellie		b. (Middle) Elizabeth		c. (Last) CARROLL		4. DATE OF DEATH (Month) (Day) (Year) 10-22-1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 23, 1885	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Self		12. CITIZEN OF WHAT COUNTRY? USA		14. NAME OF HUSBAND OR WIFE Eldridge W. Carroll-Deceased	

13a. FATHER'S NAME Benjamin F. Davidson		13b. MOTHER'S MAIDEN NAME Josephine Keele		14. NAME OF HUSBAND OR WIFE Eldridge W. Carroll-Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 510-07-75678		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. T. Galvin Scanlon 8608 Hiawatha, K.C. Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		ANTECEDENT CAUSES		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Spontaneous		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-54**, 19**54** to **10-22** 19**55**, that I last saw the deceased alive on **10-22**, 19**55**, and that death occurred at **9:35 P.M.**, from the causes and on the date stated above.

23. SIGNATURE H. H. Owens (Degree or title) D		23b. ADDRESS 1034 Plato Bldg		23c. DATE SIGNED 10-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-25-1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					

DATE REC'D BY LOCAL REG. 10-24-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Muehlebach Funeral Home Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-3:45 o'clock
Kialto Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....
Paul Ward

Licensed Embalmer No. 399

P. O. Address 308 E. 68th

S.P.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.-
If this body is not embalmed, fact should be so stated above.